Ministry of Health

2016/17 – 2018/19 SERVICE PLAN

February 2016

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Minister
Accountability Statement

The *Ministry of Health 2016/17 - 2018/19 Service Plan* was prepared under my direction in accordance with the *Budget Transparency and Accountability Act*. I am accountable for the basis on which the plan has been prepared.

Honourable Terry Lake
Minister of Health
February 5, 2016

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Purpose of the Ministry

The Ministry of Health (the Ministry) has overall responsibility for ensuring that quality, appropriate, cost effective and timely health services are available for all British Columbians. The Ministry is responsible for provincial legislation and regulations related to health care, including the *Medicare Protection Act* and the *Health Professions Act*. The Ministry also directly manages a number of provincial programs and services, including the Medical Services Plan, which covers most physician services; PharmaCare, which provides prescription drug insurance; and the BC Vital Statistics Agency, which registers and reports on vital events such as a birth, death or marriage.

The province's health authorities are the organizations primarily responsible for health service delivery. Five regional health authorities deliver a full continuum of health services to meet the needs of the population within their respective geographic regions. A sixth health authority, the Provincial Health Services Authority, is responsible for managing the quality, coordination and accessibility of services and province-wide health programs. Beginning in 2016/17, the BC Clinical and Support Services Society will provide the governance structure for both clinical (laboratory) and non-clinical (shared business) services in the health system. The Ministry also works in partnership with the First Nations Health Authority to improve the health status of First Nations in British Columbia.

Strategic Direction and Context

Strategic Direction

The Ministry of Health receives its strategic direction from clearly identified government priorities set forth in the government strategic plan and the Minister's Mandate Letter from the Premier. Incorporating this direction, in February 2014, the Ministry released *Setting Priorities for the B.C. Health System*, followed by a series of policy papers in February 2015, which present the strategic and operational priorities for the delivery of health services across the province.

Successfully achieving the Ministry's strategic vision requires close collaboration with partners, including health authorities, physicians and health care providers, unions, patients and other stakeholders. This collaborative approach aligns with the *Taxpayer Accountability Principles*, which strengthen two-way communication between government and provincial public sector entities, promotes cost control and helps create a strong, accountable relationship between government and agencies. Recognizing that public sector organizations have both an ethical and fiduciary accountability to the taxpayer, enhanced performance management will ensure the delivery of patient-centred health services while promoting quality and containing costs.

Strategic Context

British Columbians have thousands of successful interactions with the health care system every day, with multiple examples of excellent results: high quality maternity care; high quality acute care, critical and trauma care services; excellent cancer care and treatment; high quality elective surgeries; exceptional diagnostic services; and a highly trained health workforce. Citizens of B.C. enjoy some of the best health indicators in the world, pointing to the underlying strength of the province's social determinants of health and the quality of its health care system.

B.C. has made meaningful progress in improving services across a range of areas over the past several years; however, there are several service areas that have remained problematic and resistant to successful resolution, despite significant effort. Challenges persist with respect to access to family physicians and primary care in many communities; providing access to child and youth mental health services and effectively treating some adult patients with moderate to severe mental illnesses and/or addictions; proactively responding to the needs of the frail elderly who may require complex medical supports and assistance with activities of daily living in order to remain living in the community; providing emergency response and emergency health care services in some rural and remote areas; emergency department congestion in some large hospitals; long wait times for some specialists, diagnostic imaging, and elective surgeries; stress on access to inpatient beds in some hospitals; and responding to the changing needs of patients in residential care in terms of dementia. These will remain key areas of focus over the coming two years.

For more detailed information on the B.C. health system, priority populations and key service areas, please see *Setting Priorities for the B.C. Health System* and policy papers.

Goals, Objectives, Strategies and Performance Measures

This service plan has been updated from previous service plans to reflect the strategic priorities contained in *Setting Priorities for the B.C. Health System,* subsequent policy papers, and to ensure alignment with the *Taxpayer Accountability Principles*. The priorities build from previous plans and focus on supporting the health and well-being of British Columbians, delivering health care services that are responsive and effective, and ensuring value for money in the health system. Underlying these goals is the fundamental principle of patient-centred care: a sustained focus on shifting the culture of health care in B.C. to put patients at the centre, which drives policy, accountability, service design and delivery.

Goal 1: Support the health and well-being of British Columbians.

In collaboration with its health sector partners, the Ministry promotes health as a valued outcome of policies and programs in order to make long term sustainable changes for improved health across the province.

Objective 1.1: Targeted and effective primary disease prevention and health promotion.

Chronic disease is the largest cause of death and disability, represents the largest proportion of the burden of disease, and drives a significant part of downstream health costs in B.C. Evidence suggests that, over time, a primary disease prevention and health promotion agenda can make progress in improving the overall health of the population.

Strategies

- Work with health authorities and other partners to continue implementation of *Promote, Protect, Prevent: Our Health Begins Here. BC's Guiding Framework for Public Health*, the provincial framework for supporting the overall health and well-being of British Columbians and a sustainable public health system.
- Work with health authorities, physicians and other partners to continue to implement the *Healthy Families BC Policy Framework*, improving the health of British Columbians by supporting communities, schools, workplaces and health care settings in promoting healthy lifestyles and creating healthy environments.

Performance Measure 1: Healthy Communities.

Performance Measure	2011/12 Baseline	2014/15 Actual Results	2016/17 Target	2017/18 Target	2018/19 Target
Percent of communities that have completed healthy living strategic plans	13%	48%	50%	55%	60%

Data Source: Survey, Healthy Living Branch, Population and Public Health Division, Ministry of Health.

Discussion

This performance measure focuses on the proportion of the 161 communities in British Columbia that have been developing healthy living strategic plans, in partnership with the Ministry and health authorities, since 2010/11. Community efforts to support healthy living through planning, policies, built environments and other mechanisms are critical to engaging individuals where they live, work and play. Sustained community level actions will encourage more active lifestyles while decreasing the risk factors for chronic diseases and injury.

Performance Measure 2: Healthy Schools BC.

Performance Measure	2013/14 Baseline	2014/15 Actual Results	2016/17 Target	2017/18 Target	2018/19 Target
The percentage of B.C. students in grades 3, 4, 7, 10 and 12 who report that at school, they are learning to stay healthy	46%	44%	55%	60%	63%

Data Source: Satisfaction Survey, Knowledge Management Branch, Knowledge Management and Accountability Division, Ministry of Education.

Discussion

Evidence suggests that over time, a primary prevention and health promotion agenda can help improve the overall health of the population. Accordingly, *Healthy Schools BC*, a key initiative of *Healthy Families BC*, aims to improve students' awareness of healthy lifestyles and healthy environments. The Ministry, in partnership with health authorities and school districts, supports a number of targeted programs which provide comprehensive health resources for teachers and schools.

Goal 2: Deliver a system of responsive and effective health care services across British Columbia.

In order to deliver responsive and effective health care services, the Ministry and its partners are working to shift the culture of health care from being disease-centred and provider-focused to being patient-centred. This shift requires understanding of and responsiveness to patient needs, values and preferences as the primary drivers of daily practice at all levels, in a respectful and accountable manner. Building on the health system policy papers, there are five areas of action important to a high quality and sustainable health system in B.C.

Objective 2.1: A primary care model that provides comprehensive and coordinated team based care linked to specialized services.

British Columbia's health care system has been engaged in a collaborative process to look for ways to improve primary and community care at a community level. Numerous practice and service delivery innovations and initiatives have been introduced at all levels – practice, health authorities, and provincial level – with the intent of meeting the expanding demand for services due to population demographics. The roles of family physicians, primary and community care professionals and support staff are central to the effort of supporting patients suffering from frailty, chronic diseases, mental health and substance use conditions. A focus on effective team-based practices and healthy partnerships between care providers and health care administrators will facilitate better care for all British Columbians, and particularly those who are more vulnerable, with a key objective of reducing preventable hospitalization.

Strategies

- Support full-service family practice and establish team-based practices delivering services based on population and patient needs, including the needs of several key patient populations (patients with chronic illnesses, moderate to severe mental illnesses, and/or frailty).
- Work with the health authorities to integrate or link family practices with primary care services to create a "primary care home" for individuals and families to reduce the need for hospitalizations.
- Develop opportunities for pharmacists and physicians to work together to improve the optimal use of drugs for best patient outcomes.

Objective 2.2: Improved patient health outcomes and reduced hospitalizations for seniors through effective community services.

Seniors require a range of health supports to manage the challenges of increasing frailty, which is often combined with chronic diseases such as dementia that can profoundly impact their ability to maintain independence. The development of a primary care home is intended to increase access for frail elderly to coordinated primary and specialist medical care, community outreach services, assisted living and residential services, enhanced medication management, and planned access to diagnostic and hospital services.

Strategies

- Develop residential care models and quality standards for patients with dementia and younger populations with special needs such as chronic severe mental illness.
- Provide end-of-life care services including hospice space expansion, home-based palliative care, and clinical guidelines to support those at the end of life with greater choice and access to services.
- With the advice of B.C.'s Seniors Advocate, improve the home and community care system, including the use of technology for home health monitoring, better address the needs of B.C.'s seniors who require these services, and strengthen protections from abuse and neglect.

Performance Measure 3: Managing Chronic Disease in the Community

Performance Measure	2014/15 Baseline	2015/16 Actual Results	2016/17 Target	2017/18 Target	2018/19 Target
Number of people with a chronic disease admitted to hospital per 100,000 people aged 75 years and older	3,194	New Measure	3,184	3,063	2,942

Data Source: Discharge Abstract Database, Business Analytics Strategies and Operations Branch, Ministry of Health.

Discussion

This new performance measure tracks the number of people, 75 years of age and older, with select chronic diseases such as asthma, chronic obstructive pulmonary disease, heart disease and diabetes, who are admitted to hospital. It replaces the GP for Me performance measure included in the 2015/16 Ministry of Health Service Plan. Building on successes of the GP for Me program, and as part of a larger initiative of strengthening community based health care and support services, health care professionals are working to provide more appropriate care in the community and at home in order to help seniors with chronic disease to remain as healthy as possible. People with chronic diseases need the expertise and support of health care providers to help manage their disease in the community in order to maintain functioning and reduce complications that will require more medical care. This proactive disease management reduces unnecessary emergency department visits, hospitalizations and diagnostic testing.

Objective 2.3: Improved patient health outcomes and reduced hospitalizations for those with mental health and substance use issues through effective community services.

While a smaller driver of overall health care costs, mental health and substance use conditions represent a high burden of disease in the population due to the early age of onset for severe mental illness and need for ongoing treatment and support across the life span. The majority of children, youth and adults with mild to moderate mental health and/or substance use issues can be effectively supported or treated through low-intensity community-based services in order to reduce hospitalizations.

Strategies

- Renew the provincial mental health plan, *Healthy Minds, Healthy People,* to ensure a full continuum of high quality mental health and substance use services within each health authority to better integrate services within the larger care network.
- Improve access to addiction treatment, including creating additional addictions spaces by 2017.
- Work with the Ministries of Children and Family Development and Education to improve child and youth mental health services in the province.

Performance Measure 4: Community Mental Health Services.

Performance Measure	2013/14 Baseline	2015/16 Forecast*	2016/17 Target	2017/18 Target	2018/19 Target
Percent of people admitted for mental illness and substance use who are readmitted within 30 days	14.1%	14.3%	13%	12%	12%

Data Source: Discharge Abstract Database, Business Analytics Strategies and Operations Branch, Ministry of Health.
*Forecast is until June 2015.

Discussion

With the release of Primary and Community Care in British Columbia: A Strategic Policy Framework (2015) the Ministry is focusing on improving access to a range of services and supports in the community, including for persons with mental health and substance use issues. This performance measure focuses on one aspect of the effectiveness of community-based supports to help persons with mental health and substance use issues receive appropriate and accessible care, and avoid readmission to hospital. Other components include good discharge planning and maintaining the appropriate length of stay in a hospital. Central to these efforts is building a strong system of primary and community care which enhances capacity and provides evidence-based approaches to care.

Objective 2.4: Improved access to timely and appropriate surgical treatments and procedures.

Acute care is the largest and most expensive sector in the health care system. Within this sector, the use of hospitals is changing. Advances in technology and techniques have led to less use of inpatient beds for surgical recovery as outpatient day surgery has increased. A majority of the inpatient bed capacity in many hospitals is now used for our growing population of frail seniors, and we must ensure those services are delivered appropriately for those patients. This requires improved coordination between hospitals, primary care and other care providers in communities to develop patient pathways for frail seniors that avoid hospitalization.

There is a need and opportunity to continue to improve provincial coordination, and ultimately improve the quality of acute hospital care services delivered to B.C. patients with respect to services offered across hospitals.

Strategies

- Achieve significant improvement in timely access to appropriate surgical procedures through recruiting and retaining engaged, skilled health care providers.
- Use technology and financial models to support innovation, quality and coordination in the delivery of surgical services.
- Increase formal coordination, joint planning and operations between the Lower Mainland health authorities to shape service delivery and referrals to best meet patient needs.

Performance Measure 5: Access to Scheduled (Non-Emergency) Surgery.

Performance Measure	2013/14 Baseline	2015/16 Forecast*	2016/17 Target	2017/18 Target	2018/19 Target
Percent of scheduled surgeries completed within 26 weeks	90%	86%	95%	95%	95%

Data Source: Surgical Patient Registry, Ministry of Health. Includes all elective adult and pediatric surgeries. Notes: Baseline is for surgeries completed from April 1, 2012 to March 31, 2013. Targets are for surgeries completed during the fiscal year.
*Forecast is actual results until September 2015.

Discussion

During the last several years, British Columbia's health system has continued to focus on reducing wait times for many surgeries. Funding incentives, combined with continuous efforts to foster innovation and efficiency in British Columbia's hospitals, are initiatives designed to improve the timeliness of access to an expanding range of surgical procedures. This performance measure tracks whether scheduled surgeries are completed within the maximum established benchmark wait time of 26 weeks. Surgical resources are also being allocated to complete the surgeries of people who have been waiting the longest.

Objective 2.5: Sustainable and effective health services in rural and remote areas of the province, including First Nations communities.

Individuals who reside in rural communities tend to have poorer health outcomes and socioeconomic status compared to their urban counterparts. The populations of rural British Columbia are often small, dispersed, and fluctuating. Rural British Columbia is home to many First Nations communities and Aboriginal peoples, and a large percentage of the rural population identifies as Aboriginal. Against this health status backdrop, three specific service challenges stand out in the context of rural and remote communities: ensuring access to quality primary care services; ensuring pathways to accessing specialized perinatal, medical, and surgical services when they are required; and how best to support aging in place. Access to specialized acute care services and access to ancillary health services is especially challenging, so residents are often required to travel for care.
The Ministry and health authorities will continue to work with communities, including First Nations, to implement a renewed approach to providing quality health services across rural and remote areas.

Strategies

- Develop local community plans for rural and remote communities to create environments that foster healthy behaviours to improve the health of the population.
- Improve access to services through the establishment of regional and provincial networks of specialized care teams.
- Improve timely recruitment and deployment of health professionals to rural and remote communities.

Goal 3: Ensure value for money.

To achieve value for money in health care, the Ministry must ensure health system resources are used in the most efficient and effective way possible. On a strategic level, this includes not only what services and initiatives are focused on, but also how they are implemented and managed.

Objective 3.1: A performance management and accountability framework that drives continuous improvement in the health system.

An efficiently managed health system ensures resources are spent where they will have the best health outcomes. Such an approach meets the Triple Aim[1] goals of providing more effective care for key populations, better experience of care for patients and providers, and improved per capita cost. A focus on performance and budget management and efficiency, along with collaboration and quality improvement, must be continually pursued in partnership with health authorities and other stakeholders to ensure our publicly funded health system is effective and affordable.

Strategies

- Ensure comprehensive, consistent and standardized reporting on health system performance.
- Enable improved performance of existing services through prioritized continuous improvement activities and initiatives across the health sector.
- Drive quality, cost-effectiveness and coordinate investments in new laboratory technology through the provincial laboratory reform initiative.

Objective 3.2: Evidence-informed access to clinically effective and cost-effective pharmaceuticals.

Pharmaceuticals play an important role in B.C.'s health care system. They treat and prevent the spread of disease, control pain, and can improve quality of life for many people. Through Fair PharmaCare, government maintains continued focus on ensuring timely and evidence-informed access to pharmaceuticals that are safe, therapeutically beneficial and cost-effective. This will improve both patient care and value for money in the health system.

[1] Institute for Healthcare Improvement. www.IHI.org.

Strategies

- Deliver an accessible, responsive, evidence-informed, and sustainable drug program.
- Continued focus on coverage for eligible prescription drugs and designated medical supplies through the Fair PharmaCare plan.
- Leverage programs such as the Low Cost Alternative and Reference Drug Program to achieve the best therapeutic value and price for publicly funded pharmaceuticals.
- Engage in the Council of the Federation's Pan-Canadian Pricing Alliance for brand and generic drugs.

Objective 3.3: Collaboration in the enabling areas of health human resource management, IM/IT and technology infrastructure, and approaches to funding.

Effective health human resource management and an integrated IM/IT approach are essential for an efficiently managed health system and ensuring resources are spent where they will have the best health outcomes. Equally as important are corporate service related priorities such as competent communication, governance, management, leadership, alignment and teamwork, innovation and knowledge management, organizational infrastructure and systems (including budget assignment and management).

Strategies

- Enable effective health human resources management through an integrated Health Human Resource Framework.
- Implement an Academic Health Sciences Network and Centre.
- Continue to modernize the health system through the use of information management and technology, including electronic medical records, clinical decision support tools, ePrescribing, telehealth and home health monitoring.
- Ensure an integrated and cost effective approach to information management and technology across the health system.
- Review funding models, strengthen cost management systems and build reporting capacity to ensure effective management of funds to achieve patient and service outcomes.
- Expand consolidation of corporate, purchasing and administrative functions to achieve savings and quality improvements across the province.

Objective 3.4: Governance and accountability that aligns with the *Taxpayer Accountability Principles.*

Monitoring progress against specified health system priorities is critical to ensuring government direction on strategic, operational and financial requirements and priorities are understood, and all levels of the health system are working toward a common goal.

Strategies

- Consultations and working sessions with health authority boards throughout the year led by the Minister to ensure understanding of, and alignment with, government and ministry direction on health system strategic and operational priorities.
- Engage with health authorities to set clear expectations, including monthly meetings of Leadership Council to address issues of shared interest and to review system performance and financial requirements.
- Increase collaborative processes across the health sector with key partner organizations in order to consult, communicate, and bind the efforts of the sector together.

Resource Summary

Core Business Area	2015/16 Restated Estimates[1]	2016/17 Estimates	2017/18 Plan	2018/19 Plan
Operating Expenses ($000)				
Health Programs				
Regional Services	11,949,750	12,214,219	12,582,389	12,958,298
Medical Services Plan	4,117,119	4,299,608	4,464,841	4,646,801
Pharmacare	1,102,653	1,174,714	1,174,714	1,174,714
Health Benefits Operations	43,385	44,298	45,227	46,177
Vital Statistics	6,220	6,390	6,541	6,698
Recoveries from Health Special Account Service	(147,250)	(147,250)	(147,250)	(147,250)
Executive and Support Services	226,335	228,727	231,083	231,949
Health Special Account	147,250	147,250	147,250	147,250
Total	**17,445,462**	**17,967,956**	**18,504,795**	**19,064,637**
Ministry Capital Expenditures (Consolidated Revenue Fund) ($000)				
Executive and Support Services	5,597	3,948	30	30
Total Capital Expenditures	**5,597**	**3,948**	**30**	**30**
Capital Grants ($000)				
Health Facilities	378,862	505,855	397,173	636,688
Total Capital Grants	**378,862**	**505,855**	**397,173**	**636,688**

[1]For comparative purposes, amounts shown for 2015/16 have been restated to be consistent with the presentation of the 2016/17 Estimates.

*Further information on program funding and vote recoveries is available in the Estimates and Supplement to the Estimates.

Health Authority Income Statement Resource Summary

As required under the *Budget Transparency and Accountability Act*, British Columbia's health authorities are included in the government reporting entity. The health authorities have been primary service delivery organizations for the public health sector for several years and many of the performance measures and targets included in the Ministry's 2016/17 – 2018/19 Service Plan are related to services delivered by the health authorities. The majority of the health authorities' revenue and a substantial portion of the funding for capital acquisitions are provided by the Province in the form of grants from Ministry budgets.

Description	2015/16 Forecast	2016/17 Budget	2017/18 Budget	2018/19 Budget
Health Authorities and Hospital Societies – Combined Income Statement ($000)				
Total Revenue[1]	13,862,000	13,798,000	14,126,000	14,364,000
Total Expense[2]	13,584,000	13,798,000	14,126,000	14,364,000
Net Results[3,4]	278,000	0	0	0

[1] Revenue: Includes Provincial revenue from the Ministry of Health, plus revenues from the federal government, co-payments (which are client contributions for accommodation in care facilities), fees and licenses and other revenues.

[2] Expense: Provides for a range of health care services, including primary care and public health programs, acute care and tertiary services, mental health services, home care and home support, assisted living and residential care.

[3] Net Results: The $278 million forecast surplus in 2015/16 reflects the gain on the sale of capital assets by the Vancouver Coastal Health Authority under the government's Release of Assets for Economic Generation (REAG) initiative.

[4] The 2015/16 forecast is based on third-quarter board-approved information provided by the health authorities and hospital societies.

Major Capital Projects

Major Capital Projects	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project ($ millions)	Project Cost to Dec 31, 2015
Queen Charlotte/Haida Gwaii Hospital Construction on the new Queen Charlotte Hospital is scheduled to complete in spring 2016, followed by commissioning, move-in, and demolition of the existing hospital. The new Queen Charlotte Hospital will replace an aging facility and consolidate health services into one location. The facility will consist of 17 beds in a 2-storey, 5,000 square metre Leadership in Energy and Environmental Design (LEED) Gold facility. The new hospital will provide adequate space to enable client-focused care delivery, as well as specialized care services such as low-risk maternity, obstetrics, and cancer care. The capital cost of the project is estimated at $50 million and is cost shared with the North West Regional Hospital District. For more information about the project, please see the website at: http://www.health.gov.bc.ca/library/publications/year/2012/qch-replacement-project-capital-plan.pdf.	2016	50	28
Royal Inland Hospital (Clinical Services Building) Construction of the Clinical Services Building is scheduled to complete in spring 2016, followed by commissioning and move-in summer 2016. The new 6-storey structure will improve patient flow and access to services, improve site access (vehicular and pedestrian), improve patient care experience and support enhanced education and its integration with the clinical environment. The capital cost of the project is estimated at $80 million and is cost shared with the Thompson Regional Hospital District. For more information about the project, please see the website at: https://www.interiorhealth.ca/sites/BuildingPatientCare/RIH/Pages/default.aspx.	2016	80	25
North Island Hospitals The North Island Hospitals Project includes a new 95-bed, 4-storey, 32,000 square metre LEED Gold facility and parking structure in Campbell River and a new 153-bed, 5-storey, 40,000 square metre LEED Gold facility and parking structure in the Comox Valley. Construction is scheduled to be completed in spring 2017, followed	2017	606	288

Major Capital Projects	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project ($ millions)	Project Cost to Dec 31, 2015
by commissioning and patient occupancy in fall 2017. The new hospitals will enhance the quality of care for patients, increase capacity to meet the population's growing and changing needs, improve access to services for all northern Vancouver Island communities, and increase safety for patients and staff. The project will also increase acute care capacity with safe and efficient facilities, improve the ability of the Vancouver Island Health Authority to recruit and retain physicians and other health care professionals, and increase the opportunity to introduce new services to the communities. The capital cost of the project is estimated at $606 million. The Comox-Strathcona Regional Hospital District is contributing approximately $238 million, with the balance provided by the Province. For more information about the project, please see the website at: http://www.llbc.leg.bc.ca/public/pubdocs/bcdocs2012_2/522449/north-island-hospitals-project-capital-plan.pdf.			
Interior Heart and Surgical Centre The Interior Heart and Surgical Centre project consists of a 4-storey, 14,000 square metre surgical facility, a 3-storey 7,850 square metre clinical support building and renovations to three existing Kelowna General Hospital facilities. Renovations to the existing Strathcona building will continue throughout the year. The project will improve patient care, design program areas to enable a comprehensive multi-disciplinary team approach, and improve health service delivery and patient flow at Kelowna General Hospital. The project will also feature capacity for 15 new operating rooms, a revascularization program including open heart surgery, and updated and expanded support services. The capital cost of the project is estimated at $381 million. The Central Okanagan Regional Hospital District is contributing approximately $85 million with the balance provided by the Province. For more information about the project, please see the website at: http://www.interiorhealth.ca/sites/BuildingPatientCare/IHSC/Pages/default.aspx.	2017	381	254

Major Capital Projects	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project ($ millions)	Project Cost to Dec 31, 2015
Vancouver General Hospital – Joseph and Rosalie Segal Family Health Centre Construction on the 100-bed, 8-storey, and 12,250 square metre LEED Gold Joseph and Rosalie Segal Family Health Centre is scheduled to be completed in spring 2017, with patient occupancy planned for summer 2017. The centre will create seamless access to acute secondary psychiatric services and community-based programs for patient populations in Vancouver and consolidate services to allow for improved staff utilization, streamlined discharges and improved patient engagement. The project will result in the development of an optimal purpose-built facility designed to reduce critical safety risks and improve patient outcomes. The capital cost of the project is estimated at $82 million. The Vancouver General Hospital and UBC Foundation contributed $25 million to the cost of the project, including $12 million from the Segal family. For more information about the project, please see the website at: http://www.vch.ca/about-us/development-projects/joseph-rosalie-segal-family-health-centre.	2017	82	25
Children's and Women's Hospital Redevelopment The redevelopment of BC Children's Hospital and BC Women's Hospital will be completed in three phases. The first phase is now complete and included expansion of the neonatal intensive care unit (NICU) by three beds, expansion space for the UBC Faculty of Medicine, and construction of a new 2,400 square metre Clinical Support Building. The second phase of the project is currently underway and consists of the demolition of A-Wing, L-Wing and Medical Education and Research Unit building, construction of a new 49,880 square metre Teck Acute Care Centre, and renovations to the BC Women's Urgent Assessment Room in the 1982 Building. The third phase includes a 10-bed expansion of single room maternity care, and relocation of the Sunny Hill Health Centre for Children into renovated space in the 1982 Building at the Oak Street campus. Government approval of the Phase 3 business plan is anticipated in late spring 2016. The project will improve delivery of patient-centred care by creating optimal patient access and patient flow, improve operational efficiency/capacity for inpatient services by consolidating and developing space designed to current pediatric care standards, and provide flexible spaces to support changes in health care models. The	2019	678	228

Major Capital Projects	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project ($ millions)	Project Cost to Dec 31, 2015
capital cost of the project is estimated at $678 million, including a $150 million contribution from the BC Children's Hospital Foundation. For more information about the project, please see the website at: www.health.gov.bc.ca/library/publications/year/2010/BCCW-CapitalProjectPlan.pdf.			
Patient Care Tower, Penticton Regional Hospital The Patient Care Tower project will proceed in two phases. Phase one construction of the new 26,706 square metre Patient Care Tower is planned to start in spring 2016. This will include a new surgical services centre and 84 medical/surgical inpatient beds in single patient rooms. Phase two will involve renovation of vacant areas in the current hospital to allow for the expansion of the emergency department, as well as renovations to existing support areas. To improve the model of care and patient outcomes, the project will apply evidence-based design principles and health care facility design and construction standards that all have a patient-centred design philosophy. The capital cost of the project is estimated at $325 million. Costs are shared between Government, Okanagan Similkameen Regional Hospital District, and the South Okanagan Similkameen Medical Foundation. For more information on the project, please see the website at: http://www.health.gov.bc.ca/library/publications/year/2014/capital-project-plan-penticton-regional-hospital.pdf.	2019	325	3
Clinical and Systems Transformation The primary purpose of the Clinical and Systems Transformation Project is to establish a common standardized, integrated, end-to-end clinical information system and environment for Provincial Health Services Authority, Vancouver Coastal Health Authority and Providence Health Care. The vision of this integrated system is "One Person. One Record. Better Health". The most significant benefit to patients and the care delivery process is in relation to the reduction of adverse events associated with a hospital stay. The ten-year total cost of ownership (TCO) for the project is projected to be $842 million, composed of a $480 million capital and $362 million operating cost component. This TCO includes expenditures on the installation and	2023	480	140

Major Capital Projects	Targeted Completion Date (Year)	Approved Anticipated Total Cost of Project ($ millions)	Project Cost to Dec 31, 2015
implementation of the new system and related maintenance and support costs for the ten-year period. The Design/Configure/Validate (DCV) phase will be completed and proceed to testing in readiness for the first implementation in the following fiscal year. The new Pharmacy Regional Production Centre will open for production of unit dose medications to enable the new closed-loop medication management processes.			
Royal Columbian Hospital The Royal Columbian Hospital redevelopment project consists of a 75-bed, 5-storey, approximately 13,000 square metre LEED Gold mental health and substance use building, plus four levels of parking, a new energy centre and relocation of the helipad. This project will improve operational efficiencies, expand clinical programs in mental health to address capacity issues, increase energy efficiency by 20-30 per cent, and eliminate the current risk of power systems failure with a post-disaster building. The project will result in the creation of a modern facility designed to deliver exemplary clinical outcomes and provide a patient-centred approach to health care delivery, while increasing safety for patients and staff. The request for proposals for the design-build team is scheduled to be released in spring 2016, with construction expected to start in late 2016 or early 2017. The capital cost of the project is estimated at $259 million. The Royal Columbian Hospital Foundation is contributing $9 million with the balance provided by the Province. For more information about the project, please see the website at: http://www.health.gov.bc.ca/library/publications/year/2015/capital-project-plan-royal-columbian-hospital.pdf.	2019	259	0

Appendix - Ministry Contact Information

Ministry of Health (www.gov.bc.ca/health)
PO Box 9639 Stn Prov Govt
Victoria, British Columbia V8W 9P1
Toll free in B.C.: 1-800-663-7867
In Victoria: 250-387-6121

Health Insurance BC (www.hibc.gov.bc.ca)
Medical Services Plan
PO Box 9035 Stn Prov Govt
Victoria, British Columbia V8W 9E3
Toll free in B.C.: 1-800-663-7100
In Vancouver: 604-683-7151

Health Insurance BC (www.hibc.gov.bc.ca)
PharmaCare
PO Box 9655 Stn Prov Govt
Victoria, British Columbia V8W 9P2
Toll free in B.C.: 1-800-663-7100
In Vancouver: 604-683-7151

HealthLink BC (www.healthlinkbc.ca)
By phone: 8-1-1
For hearing-impaired assistance call 7-1-1

Ministry of Health – Seniors Advocate
(www.seniorsadvocatebc.ca)

Ministry of Health – Healthy Families BC
(www.healthyfamiliesbc.ca)
Email: healthyfamiliesbc@gov.bc.ca

Office of the Provincial Health Officer
(www.health.gov.bc.ca/pho/)
PO Box 9648 Stn Prov Govt
Victoria, British Columbia V8W 9P4
In Victoria: 250-952-1330

Patient Care Quality Review Board
(www.patientcarequalityreviewboard.ca)
PO Box 9643 Stn Prov Govt
Victoria, British Columbia V8W 9P1
Toll free in B.C.: 1-866-952-2448
Email:
contact@patientcarequalityreviewboard.ca

Vital Statistics Agency (www.vs.gov.bc.ca)
PO Box 9657 Stn Prov Govt
Victoria, British Columbia V8W 9P3
Toll free in B.C.: 1-888-876-1633
In Victoria: 250-952-2681

British Columbia's Health Authorities

Fraser Health Authority www.fraserhealth.ca

Interior Health Authority
www.interiorhealth.ca

Northern Health Authority
www.northernhealth.ca

First Nations Health Authority www.fnha.ca

Provincial Health Services Authority
www.phsa.ca

Vancouver Coastal Health Authority
www.vch.ca

Vancouver Island Health Authority
www.viha.ca